



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Substitute for form 1449A/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i>				C mplete if Known	
				Application Number	
				Filing Date	
				First Named Inventor Kasi Viswanathan Agilandam	
				Group Art Unit	
Examiner Name					
Sheet	1	of	1	Attorney Docket Number 16IN-M0270	

U.S. PATENT DOCUMENTS						
Examiner Initials*	Cite No. ¹	U.S. Patent Document		Name of Patentee or Applicant Of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number	Kind Code ² (if known)			
	AA	6,627,003	B2	Hayworth et al.	Sep. 30, 2003	
	AB	5,003,266		Palkovich et al.	Mar. 26, 1991	
	AC	4,899,109		Tropp et al.	Feb. 6, 1990	
	AD	4,680,551		O'Donnell et al.	Jul. 14, 1987	
	AE					
	AF					
	AG					
	AH					
	AI					
	AJ					
	AK					
	AL					
	AM					
	AN					
	AO					
	AP					
	AQ					
	AR					
	AS					
	AT					
	AU					
	AV					

FOREIGN PATENT DOCUMENTS								
Examiner Initials*	Cite No. ¹	Foreign Patent Document			Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ²
		Office ³	Number ⁴	Kind Code ⁵ (if known)				
	FA							
	FB							
	FC							
	FD							

OTHER PRIOR ART - - NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the items (book, magazine, journal, serial, symposium, catalog, etc.), data, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²

Examiner Signature		Date Considered:	
-----------------------	--	---------------------	--

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹Unique citation designation number. ²Applicant is to place a checkmark here if English language Translation is attached.Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS.
SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.